

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

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Incident Information							
URN: 9 1 1 - 0 0 5 6 1 - 5 1 0 0 - 1 4 4				Date: 6/17/11		Time: 1910Hrs	
Location:		441 Bauchet Street			City or Station:		Los Angeles
Bureau/Station/Facility:		Custody/Men's Central Jail			Admin. Investigation: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Type of Force:		Significant- Hands and Feet, O.C. Spray, Taser					
Deputy Injury: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
<input type="checkbox"/> Call		<input checked="" type="checkbox"/> Observation		<input type="checkbox"/> Detail		<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit	
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified: Lt. Frank Montez		Emp: [REDACTED]		IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Involved Employee							
E1	Employee #		Last Name		First Name		Middle Name
	[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: [REDACTED]		Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): [REDACTED]
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]	Height: [REDACTED]	Weight: [REDACTED]
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: [REDACTED]				Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>
E2	Employee #		Last Name		First Name		Middle Name
	[REDACTED]		Saavedra		Eric		C
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: H		Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): 2200/2400 Prowl Movement
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: 28	Height: 602	Weight: 210
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: [REDACTED]				Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>
E3	Employee #		Last Name		First Name		Middle Name
	[REDACTED]		Machado		Adam		J
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: H		Unit of Assignment: Men's Central Jail		Work Assignment (Unit #, Module, etc.): 2200/2400 Title 15
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: 26	Height: 509	Weight: 165
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: [REDACTED]				Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>
Additional Involved Employees							
On Duty Supervisor							
Emp #		Last Name		First Name		Middle Name	Rank
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Present YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Witness to Incident YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
Emp #		Last Name		First Name		Middle Name	Rank
[REDACTED]		Musharbash		Wadie		A/Sgt	
Present YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Witness to Incident YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
Watch Sergeant							
Emp #		Last Name		First Name		Middle Name	
[REDACTED]		Jimenez		Tommy			
Watch Commander							
Emp #		Last Name		First Name		Middle Name	
[REDACTED]		Nicassio		Joseph			

Joseph E. Nicassio  
Watch Commander (Print Name)

Wadie Musharbash  
Supervisor Completing Form: (Print Name)

Ralph G. Ornelas, Captain  
Unit Commander (Print Name)

Watch Commander's Signature: [REDACTED]

Emp #: [REDACTED] Copy Provided to Employee by: [REDACTED]

Unit Commander's Signature: [REDACTED]

Emp #: [REDACTED] Date: 6/22/11

Emp #: [REDACTED] Date: 6-22-11

Emp #: [REDACTED] Date: [REDACTED]

DISCOVERY Use Only  
FO# 2291927

CONTENTS  
D. FEDELE  
NOTED

1-DVD  
1-mini DVC

Original: Discovery Unit  
Copy: Unit Commander SH-R-438P (Rev. 07/08)

# Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

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Involved Employee										
<b>E 4</b>	Employee #	Last Name	First Name			Middle Name				
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): 2800 Module			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: 30	Height: [REDACTED]	Weight: [REDACTED]		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>		
<b>E 5</b>	Employee #	Last Name	First Name			Middle Name				
			Alvarez		David					
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: H	Unit of Assignment: Men's Central Jail			Work Assignment (Unit #, Module, etc.): 2000 Prowl Deputy			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age: 25	Height: 601	Weight: 215		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
<b>E</b>	Employee #	Last Name	First Name			Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:			Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age:	Height:	Weight:		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
<b>E</b>	Employee #	Last Name	First Name			Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:			Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age:	Height:	Weight:		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		
<b>E</b>	Employee #	Last Name	First Name			Middle Name				
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	Unit of Assignment:			Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty			Age:	Height:	Weight:		
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital: _____						Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>		

# Supervisor's Report on Use of Force SUSPECT INFORMATION

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**S 1**

Suspect Information													
Last Name		Martinez		First Name		Jose		Middle Name		I			
AKA Last Name				First Name				Middle Name					
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	B	Street Address:		City:		State & Zip Code:					
Work Phone:		Home Phone:		Age:	20	Height:	508	D.O.B.	03/21/91	Weight:	140	Armed?	<input type="checkbox"/>
Booking #:		2005190		Primary Charge Code:				Secondary Charge Code:				Criminal History	<input type="checkbox"/>
EMT in attendance?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Name:				Unit:				Phone #:	
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:				Coroner Case #:				Mental History	<input type="checkbox"/>
By Doctor:				Address:				Phone #:					
Under Influence:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Substance:				Mental Illness				<input type="checkbox"/>	

**S 2**

Suspect Interview										
Date:	06/18/11	Time:	0930	<input type="checkbox"/> Audiotape:	<input checked="" type="checkbox"/> Videotape:	<input type="checkbox"/> Photos of Injuries:	<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

Suspect Information													
Last Name				First Name				Middle Name					
AKA Last Name				First Name				Middle Name					
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	H	Street Address:		City:		State & Zip Code:					
Work Phone:	None	Home Phone:	None	Age:	26	Height:	505	D.O.B.		Weight:	230	Armed?	<input type="checkbox"/>
Booking #:				Primary Charge Code:				Secondary Charge Code:				Criminal History	<input type="checkbox"/>
EMT in attendance?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Name:				Unit:				Phone #:	
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:				Coroner Case #:				Mental History	<input type="checkbox"/>
By Doctor:				Address:				Phone #:					
Under Influence:		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Substance:				Mental Illness:				<input type="checkbox"/>	

**S**

Suspect Interview										
Date:		Time:		<input type="checkbox"/> Audiotape:	<input type="checkbox"/> Videotape:	<input type="checkbox"/> Photos of Injuries:	<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS			

Suspect Information													
Last Name				First Name				Middle Name					
AKA Last Name				First Name				Middle Name					
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:					
Work Phone:		Home Phone:		Age:		Height:		D.O.B.		Weight:		Armed?	<input type="checkbox"/>
Booking #:				Primary Charge Code:				Secondary Charge Code:				Criminal History	<input type="checkbox"/>
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:				Unit:				Phone #:	
Hospital Admission?		<input type="checkbox"/>		Rec'd Treatment At:				Coroner Case #:				Mental History	<input type="checkbox"/>
By Doctor:				Address:				Phone #:					
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness				<input type="checkbox"/>	

# Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses							
Emp. #	Last Name	First Name	Middle Name				
Emp. #	Last Name	First Name	Middle Name				
Emp. #	Last Name	First Name	Middle Name				
Emp. #	Last Name	First Name	Middle Name				
Emp. #	Last Name	First Name	Middle Name				
Emp. #	Last Name	First Name	Middle Name				

  

Non-Employee Witnesses							
Last Name	First Name	Middle Name	Age	D.O.B.			
			26				
Street Address	City	Zip Code	Work Ph.	Home Ph.			
			Unk	None			
Last Name	First Name	Middle Name	Age	D.O.B.			
Street Address		City	Zip Code	Work Ph.	Home Ph.		
Last Name	First Name	Middle Name	Age	D.O.B.			
Street Address		City	Zip Code	Work Ph.	Home Ph.		
Last Name	First Name	Middle Name	Age	D.O.B.			
Street Address		City	Zip Code	Work Ph.	Home Ph.		
Last Name	First Name	Middle Name	Age	D.O.B.			
Street Address		City	Zip Code	Work Ph.	Home Ph.		
Last Name	First Name	Middle Name	Age	D.O.B.			
Street Address		City	Zip Code	Work Ph.	Home Ph.		
Last Name	First Name	Middle Name	Age	D.O.B.			
Street Address		City	Zip Code	Work Ph.	Home Ph.		
Last Name	First Name	Middle Name	Age	D.O.B.			
Street Address		City	Zip Code	Work Ph.	Home Ph.		

☐ Additional Witness



**Supervisor's Report on Use of Force**  
**911-00561-5100-144**

**Force Applied**

**SIGNIFICANT FORCE / TASER / FREEZE +P / PERSONAL WEAPONS**

**Incident Details**  
**Reported Use of Force by Involved Employee(s)**

A/Supervising Line Deputy [REDACTED] was providing security for the Module 2200 evening pill call. Deputy [REDACTED] heard inmates shouting from 2200 C-row. He walked up to C-row (C-10) to investigate the possible disturbance and saw Inmates Martinez and [REDACTED] fighting inside the cell.

Deputy [REDACTED] ordered both inmates to stop fighting and lay down on their bunks. Both inmates failed to comply. He immediately broadcasted an inmate fight using his handheld radio and requested a supervisor. Additional orders to stop fighting were given, however, both inmates refused to cooperate. In order to stop the fight and prevent any further injuries to the inmates, Deputy [REDACTED] sprayed both inmates in the face for 4 to 5 seconds with his Freeze +P spray while giving additional orders to stop fighting. Both inmates immediately complied by lying face down on the floor with their hands behind their back.

Based on sufficient deputy personnel on scene coupled with both inmates being compliant, Deputy [REDACTED] and Deputy Saavedra entered the cell in order to secure the inmates. After entering and without warning, S/Martinez quickly stood to his feet and swung his fists towards Deputy [REDACTED]. Deputy Saavedra took hold of S/Martinez's left arm as Deputy [REDACTED] took hold of his right arm as they conducted a take down of S/Martinez. S/Martinez struck his right side as he landed on the floor. He quickly rolled onto his back.

S/Martinez began kicking his feet and punching with both fists in an upwards motion towards Deputies [REDACTED] and Saavedra. Deputy [REDACTED] was able to strike S/Martinez 3 to 4 times on the right rib cage area with his fist. Deputy Machado responded as a result of the radio traffic and saw S/Martinez fighting with the deputies. Deputy Machado struck S/Martinez 4 to 6 times in the face and head with his left hand in an attempt to gain compliance. S/Martinez continued to fight swinging his hands and kicking his feet towards the deputies. As the fight continued, Deputies [REDACTED] and Saavedra were able to roll him onto his stomach as they attempted to handcuff him.

S/Martinez placed his hands under his stomach and refused to be handcuffed. Deputy Saavedra struck S/Martinez two times to his right rib cage area. The strikes had no effect as S/Martinez continued to conceal his hands under his stomach while kicking his feet at the deputies. Deputy Saavedra struck S/Martinez 3 times with his right knee to his right upper arm. Deputy Machado performed 2 to 3 elbow strikes to the head of S/Martinez in order to gain compliance.

## Supervisor's Report on Use of Force

### 911-00561-5100-144

Deputy [REDACTED] responded to the location and saw S/Martinez lying on his stomach with his hands concealed underneath him, kicking his feet at the deputies who were attempting to gain control. Deputy [REDACTED] then deployed his X26 Taser and employed it for one cycle to S/Martinez' back lasting approximately 5 seconds. S/Martinez immediately stopped his assault and complied by not moving his arms or feet. This allowed Deputy Saavedra to safely place handcuffs on S/Martinez without further incident. Deputy Alvarez, who arrived on scene, handcuffed V/Valenzuela without further incident. Both inmates were safely removed from the cell and escorted to the Men's Central Jail clinic for treatment and observation.

#### Reported Use of Force by Involved Employee(s)

All deputies made timely and proper notifications regarding this incident. Each of them prepared written reports, detailing their observations and actions. The reports were consistent with the verbal notifications made to me.

#### Witness Interview(s)

I conducted a videotaped interview of the following inmates regarding this incident.

I/M [REDACTED]: Did not see or hear anything.

I/M [REDACTED]: Did not see or hear anything.

I/M [REDACTED]: Did not see or hear anything.

I/M [REDACTED]: Did not see or hear anything.

I/M [REDACTED]: He was in his cell standing by the cell gate bars when he was assaulted by S/Martinez. [REDACTED] said he had to defend himself from the attack. They fought until a deputy had sprayed them with Freeze+ spray.

[REDACTED] stated he immediately cooperated with deputies by lying face down on the floor and placing his hands behind his back. [REDACTED] stated S/Martinez also went to the floor face down. [REDACTED] states when the deputies entered their cell, S/Martinez got up and ran, charging at the deputies. He stated he could not see anything because of the Freeze+ spray in his eyes, but he could hear S/Martinez yelling at the deputies. He heard deputies telling S/Martinez to get down on the ground several times.

[REDACTED] stated he had just met S/Martinez 2 hours prior to the incident and does not know why S/Martinez had attacked him.



**Supervisor's Report on Use of Force**  
**911-00561-5100-144**

██████████ complained of pain to his head, right eye, left eye, right bicep, and left knee. I saw redness and swelling to the right top side of his head, redness to his forehead, redness above and below the right eye, an abrasion below the left eye, abrasion to his inner right bicep and a small abrasion to his left knee. ██████████ stated he had suffered these injuries during the attack by S/Martinez.

██████████ was seen and treated by Nurse ██████████ # ██████████ at the MCJ Clinic for his injuries. After medical treatment, ██████████ was then escorted back to Module 2200 C-10.

██████████ had nothing else to say.

There were no additional witnesses located regarding this incident.

**Suspect Interview(s)**

**Suspect Interview(s) Conducted by**

<b>Watch Commander</b> <b>X</b> <b>Supervising Sergeant</b> <b>X</b>
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I conducted a videotaped interview of S/Martinez after he was medically treated. He told me the following:

He was declassified from the ██████████ (Module 2100) earlier in the day and was escorted to Module 2200 for general population housing. He stated he was a ██████████ and needed to get back to the ██████████ S/Martinez said in order to do this, he struck his cell mate, ██████████ in the face and head with his fists a number of times. He stated ██████████ began to defend himself by punching him back, striking him in the face and head. S/Martinez said he fell to the floor and ██████████ began kicking him in the face. S/Martinez believes he passed out for a bit and came to. S/Martinez remembers seeing a lot of blood coming from his face.

He did not remember hearing any deputy giving orders to stop fighting. While he was fighting, he was sprayed in the face with Freeze+ P spray by a deputy. S/Martinez stated deputies then entered his cell and handcuffed him without further incident. He does not remember fighting with the deputies or being hit with the taser. I asked S/Martinez if he remembers deputies punching him in his ribs and face. He stated he does not remember deputies using any other force on him because he passed out. He stated all his injuries were caused by ██████████

S/Martinez denied ingesting any alcohol and/or drugs prior to this incident, but has ingested Methamphetamines in the past. He does not take any kind of psychological medication.



## **Supervisor's Report on Use of Force**

### **911-00561-5100-144**

S/Martinez complained of pain to his head, face, back and shoulders. I saw redness and swelling to his forehead, left and right side of his head, right cheek bone, dried blood on the back of his neck and head, laceration on his chin and lips, dried blood on his right ear, redness to the back of his left shoulder and two puncture wounds in the center of his back as a result of the taser deployment.

#### **Medical Review**

S/Martinez was treated for his injuries at the Men's Central Jail clinic by Nurse [REDACTED] # [REDACTED]. Subsequently, he was and transported to Los Angeles County Medical Center for further treatment/observation by Los Angeles City Fire Rescue #2, under the supervision of Captain [REDACTED]. Dr. [REDACTED] treated S/Martinez for head trauma, a facial bone fracture and a superficial laceration to his chin and lip. Upon completion of treatment, he was approved for release by Dr. [REDACTED] and transported back to MCJ where he was ultimately housed in 7118. The hospital refused to release additional information regarding his injuries.

Based on the injuries sustained, IAB Lt. Montez was notified at 1045 hours on 06/18/11.

An Inmate Injury Report has been submitted.

#### **Training and Tactical Review**

A debriefing was conducted at the conclusion of the incident with all involved personnel. Based on the force reported to me, the reports submitted, interviews completed of all parties involved and the suspect's injuries being consistent with the force reported, I formed the opinion that this use of force was reasonable and within Departmental standards.

#### **Watch Commander's Review**

After review of the documentation provided, I concur with the assessment provided by A/Sergeant Musharbash. The amount of force utilized was reasonable, necessary and in direct response to the inmates' noncompliant and assaultive behavior.

I recommend no further action.

#### **Case Status**

S/Martinez was charged with Battery 242PC, and Battery On A Peace Officer 243 (B)(1)PC. The report has been forwarded to JIU for review and/or filing.

I later learned that during Dr. [REDACTED] medical exam of S/Martinez, narcotics were found on his person. For further information see URN #911-00043-5410-181 written by Deputy Phillips ,T. # [REDACTED]